

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF OHIO

Case number (if known)

Chapter you are filing under:

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Garland

First name

E.

Middle name

Bring your picture identification to your meeting with the trustee.

Consoliver

Last name and Suffix (Sr., Jr., II, III)

Elizabeth

First name

Ann

Middle name

Consoliver

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

FKA Mary Frances Moore

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-3798

xxx-xx-7036

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☐ I have not used any business name or EINs.

FDBA Saw, Inc.
FDBA Lancaster Industrial & Restaurant Supplies Plus, Inc.

Include trade names and
doing business as names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

610 McKinley Ave
Lancaster, OH 43130

Number, Street, City, State & ZIP Code

Fairfield

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☒ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- | | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
- ☐ Yes.
- | | | | |
|-----------------------|-------|---------------------|-------|
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
| Case number, if known | _____ | | |
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
| Case number, if known | _____ | | |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>

17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes
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18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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Part 7: Sign Below

For you	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p>		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: bottom;"> /s/ Garland E. Consoliver _____ Garland E. Consoliver Signature of Debtor 1 </td> <td style="width: 50%; vertical-align: bottom;"> /s/ Elizabeth Ann Consoliver _____ Elizabeth Ann Consoliver Signature of Debtor 2 </td> </tr> </table>	/s/ Garland E. Consoliver _____ Garland E. Consoliver Signature of Debtor 1	/s/ Elizabeth Ann Consoliver _____ Elizabeth Ann Consoliver Signature of Debtor 2
/s/ Garland E. Consoliver _____ Garland E. Consoliver Signature of Debtor 1	/s/ Elizabeth Ann Consoliver _____ Elizabeth Ann Consoliver Signature of Debtor 2		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: bottom;"> Executed on <u>April 28, 2016</u> MM / DD / YYYY </td> <td style="width: 50%; vertical-align: bottom;"> Executed on <u>April 28, 2016</u> MM / DD / YYYY </td> </tr> </table>	Executed on <u>April 28, 2016</u> MM / DD / YYYY	Executed on <u>April 28, 2016</u> MM / DD / YYYY
Executed on <u>April 28, 2016</u> MM / DD / YYYY	Executed on <u>April 28, 2016</u> MM / DD / YYYY		

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known) _____

For your attorney, if you are represented by one**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Crystal I. Zellar

Signature of Attorney for Debtor

Date

April 28, 2016

MM / DD / YYYY

Crystal I. Zellar

Printed name

Zellar & Zellar, Attorneys at Law, Inc.

Firm name

720 Market StreetZanesville, OH 43701

Number, Street, City, State & ZIP Code

Contact phone (740) 452-8439

Email address

mail@ZellarLaw.com#0038785

Bar number & State

Certificate Number: 17082-OHS-CC-026784853



17082-OHS-CC-026784853

CERTIFICATE OF COUNSELING

I CERTIFY that on January 11, 2016, at 2:14 o'clock PM MST, GARLAND E CONSOLIVER received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of Ohio, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 11, 2016 By: /s/Orsolya K Lazar

Name: Orsolya K Lazar

Title: Executive Director

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 17082-OHS-CC-026784499



17082-OHS-CC-026784499

CERTIFICATE OF COUNSELING

I CERTIFY that on January 11, 2016, at 1:29 o'clock PM MST, ELIZABETH A CONSOLIVER received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of Ohio, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 11, 2016 By: /s/Orsolya K Lazar

Name: Orsolya K Lazar

Title: Executive Director

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1 Garland E. Consoliver
First Name Middle Name Last Name

Debtor 2 Elizabeth Ann Consoliver
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

- ☐ Wages, commissions, bonuses, tips
☐ Operating a business

\$0.00

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

- ☒ Wages, commissions, bonuses, tips
☐ Operating a business

\$997.50

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$1,229.00
<input type="checkbox"/> Operating a business		<input checked="" type="checkbox"/> Operating a business	
<hr/>			
For last calendar year: (January 1 to December 31, 2015)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00 \$6,462.00
<hr/>			
For the calendar year before that: (January 1 to December 31, 2014)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00 \$740.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security	\$5,604.00		
<hr/>				
For last calendar year: (January 1 to December 31, 2015)	Social Security	\$16,812.00		
<hr/>				
For the calendar year before that: (January 1 to December 31, 2014)	Social Security	\$16,996.00		
<hr/>				
	Retirement Account Withdrawals	\$10,305.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Wells Fargo Bank, NA vs. Garland E. Consoliver, et al. 2015 CV 00807	Foreclosure	Fairfield County Common Pleas Court 224 East Main Street Lancaster, OH 43130	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded Sheriff Sale Scheduled 4/29/2016

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Summit Financial Education, Inc. Attn: Customer Service 4800 E. Flower Street Tucson, AZ 85712		1/2016	\$9.95

Debtor 1 Garland E. Consoliver
 Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Zellar & Zellar Attorneys at Law Inc 720 Market Street Zanesville, OH 43701 mail@ZellarLaw.com		4/2016	\$1,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known) _____

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name

Address

(Number, Street, City, State and ZIP Code)

Lancaster Janitorial &
Restaurant Supplies Plus, Inc.
610 McKinley Ave
Lancaster, OH 43130

Describe the nature of the business

Name of accountant or bookkeeper

Janitorial services

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

EIN: 32-xxxxx76

From-To 3/2009 - 10/2014

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Garland E. Consoliver

Garland E. Consoliver

Signature of Debtor 1

Date April 28, 2016

/s/ Elizabeth Ann Consoliver

Elizabeth Ann Consoliver

Signature of Debtor 2

Date April 28, 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Garland E. Consoliver
First Name Middle Name Last Name

Debtor 2 Elizabeth Ann Consoliver
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	89,500.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	22,809.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	112,309.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	141,700.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	1,570.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	206,395.00
Your total liabilities		\$ 349,665.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	3,073.00
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	1,473.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Garland E. Consoliver
 Debtor 2 Elizabeth Ann Consoliver

Case number (if known) _____

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 59.58

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 1,570.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 1,570.00

Fill in this information to identify your case and this filing:

Debtor 1 Garland E. Consoliver
First Name Middle Name Last Name

Debtor 2 Elizabeth Ann Consoliver
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

610 McKinley Ave

Street address, if available, or other description

Lancaster OH 43130-0000

City State ZIP Code

Fairfield

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$89,500.00</u>	<u>\$89,500.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Mortgagors / Owners in fee simple

☐ **Check if this is community property**
(see instructions)

Other information you wish to add about this item, such as local property identification number:

Subject to:

Real Estate Tax Lien (\$800)
 1st Mtg - Wells Fargo (\$65,000)
 2nd Mtg - Fairfield Federal (\$31,000)
 Judgment Lien - Capital One (\$6,000)
 State Tax Lien - Ohio Dept of Tax (\$2,500)
 State Tax Lien - Ohio Dept of Tax (\$1,000)
 Judgment Lien - Midland Funding (\$6,500)
 All rights associated with the real property are retained.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$89,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: Dodge
Model: Grand Caravan SE
Year: 2013
Approximate mileage: 10,000
Other information:
Fair condition
Secured by: Chrysler Capital
(\$26,000)

Who has an interest in the property? Check one

☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$15,500.00

\$15,500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$15,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Household goods & furnishings; no one item worth over \$600

\$2,000.00

Washer, Dryer & Refrigerator
Secured by: Acceptance Now (\$2,900)

\$2,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

Televisions

\$300.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known) _____

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

223 (\$75)
223 (\$75)
22 (\$25)

\$175.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Personal clothing

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

Cat & Dog - household pets

\$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$5,275.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$10.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known) _____

17.1.	Joint Savings	PNC Bank	\$0.00
17.2.	Joint Savings	PNC Bank	\$56.00
17.3.	Joint Checking	PNC Bank Where Social Security Deposits	\$400.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☐ No

☒ Yes..... Issuer name and description.

Sun Life Financial Masters Variable Annuity

\$464 surrender value

\$278 after tax value

Necessary for support of Debtors

\$278.00

The Hartford Variable Annuity

\$494 current value

\$296 after tax value

Necessary for support of Debtors

\$296.00

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☐ No
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

2015 Income tax refunds

Federal, State and
Local

\$664.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

The Western & Southern Life Insurance
Company
Whole Life Policy

Elizabeth Consoliver

\$330.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☐ No
☒ Yes. Give specific information..

Earned and unpaid wages for the past 30 days

Unknown

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,034.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.
☒ Yes. Go to line 38.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☐ No
☒ Yes. Describe.....

Lancaster Janitorial & Restaurant Supplies Plus, Inc.
fka Saw of Lancaster, Inc.
No assets
Defunct since 10/2014

\$0.00

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☐ No
☒ Yes. Describe.....

Old credit card machine (obsolete)
No value

\$0.00

41. Inventory

- ☒ No
☐ Yes. Describe.....

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Give specific information about them.....
Name of entity:

% of ownership:

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

43. Customer lists, mailing lists, or other compilations

☒ No.

☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$89,500.00
56. Part 2: Total vehicles, line 5	\$15,500.00	
57. Part 3: Total personal and household items, line 15	\$5,275.00	
58. Part 4: Total financial assets, line 36	\$2,034.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$22,809.00	Copy personal property total \$22,809.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$112,309.00

Fill in this information to identify your case:

Debtor 1	Garland E. Consoliver		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Elizabeth Ann Consoliver		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			
Case number _____ (if known)			

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
610 McKinley Ave Lancaster, OH 43130 Fairfield County Subject to: Real Estate Tax Lien (\$800) 1st Mtg - Wells Fargo (\$65,000) 2nd Mtg - Fairfield Federal (\$31,000) Judgment Lien - Capital One (\$6,000) State Tax Lien - Ohio Dept of Tax (\$2, Line from <i>Schedule A/B</i> : 1.1	\$89,500.00	<input checked="" type="checkbox"/> \$273,850.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1) - Homestead
2013 Dodge Grand Caravan SE 10,000 miles Fair condition Secured by: Chrysler Capital (\$26,000) Line from <i>Schedule A/B</i> : 3.1	\$15,500.00	<input checked="" type="checkbox"/> \$7,550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2) - Motor Vehicle
Household goods & furnishings; no one item worth over \$600 Line from <i>Schedule A/B</i> : 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a) - Clothing, household goods & furnishings
Televisions Line from <i>Schedule A/B</i> : 7.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a) - Clothing, household goods & furnishings

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
223 (\$75) 223 (\$75) 22 (\$25) Line from Schedule A/B: 10.1	\$175.00	<input checked="" type="checkbox"/> \$175.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a) - Clothing, household goods & furnishings
Personal clothing Line from Schedule A/B: 11.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a) - Clothing, household goods & furnishings
Cash Line from Schedule A/B: 16.1	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3) - Cash
Joint Savings: PNC Bank Line from Schedule A/B: 17.2	\$56.00	<input checked="" type="checkbox"/> \$56.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3) - Cash
Joint Checking: PNC Bank Where Social Security Deposits Line from Schedule A/B: 17.3	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3) - Cash
Sun Life Financial Masters Variable Annuity \$464 surrender value \$278 after tax value Necessary for support of Debtors Line from Schedule A/B: 23.1	\$278.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10 - Life Insurance proceeds; annuity contracts
The Hartford Variable Annuity \$494 current value \$296 after tax value Necessary for support of Debtors Line from Schedule A/B: 23.2	\$296.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10 - Life Insurance proceeds; annuity contracts
Federal, State and Local: 2015 Income tax refunds Line from Schedule A/B: 28.1	\$664.00	<input checked="" type="checkbox"/> \$180.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18) - Wildcard
Federal, State and Local: 2015 Income tax refunds Line from Schedule A/B: 28.1	\$664.00	<input checked="" type="checkbox"/> \$484.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3) - Cash
The Western & Southern Life Insurance Company Whole Life Policy Beneficiary: Elizabeth Consoliver Line from Schedule A/B: 31.1	\$330.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10 - Life Insurance proceeds; annuity contracts
Earned and unpaid wages for the past 30 days Line from Schedule A/B: 35.1	Unknown	<input checked="" type="checkbox"/> 75% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(13); wages (75%)

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known) _____

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1	Garland E. Consoliver		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Elizabeth Ann Consoliver		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Acceptance Now Creditor's Name Attn: Chief Financial Officer 1860 N Memorial Dr Lancaster, OH 43130 Number, Street, City, State & Zip Code	Describe the property that secures the claim: Washer, Dryer & Refrigerator As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Rent-to-Own Purchase Agreement	\$2,900.00	\$2,500.00
			\$0.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred 9/3/2015 Last 4 digits of account number 0441			

2.2 Capital One Creditor's Name Attn: Chief Financial Officer PO Box 30256 Salt Lake City, UT 84130-0256 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 610 McKinley Ave Lancaster, OH 43130 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$6,000.00	\$89,500.00	\$6,000.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred 6/8/2009 Last 4 digits of account number 2592				

Debtor 1 Garland E. Consoliver Case number (if know) _____
 First Name Middle Name Last Name
 Debtor 2 Elizabeth Ann Consoliver
 First Name Middle Name Last Name

2.3 Chrysler Financial Describe the property that secures the claim: \$26,000.00 \$15,500.00 \$0.00
 Creditor's Name
Correspondence
PO Box 9223
Farmington, MI
48333-9223
 Number, Street, City, State & Zip Code
 Describe the property that secures the claim: 2013 Dodge Grand Caravan SE
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____
 Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred 3/2014 Last 4 digits of account number 7135

2.4 Fairfield County Treasurer Describe the property that secures the claim: \$800.00 \$89,500.00 \$0.00
 Creditor's Name
210 E Main St Room 206
Lancaster, OH 43130
 Number, Street, City, State & Zip Code
 Describe the property that secures the claim: 610 McKinley Ave Lancaster, OH 43130
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☒ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____
 Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred 2015 Last 4 digits of account number 0200

2.5 Fairfield Federal Savings & Loan Describe the property that secures the claim: \$31,000.00 \$89,500.00 \$0.00
 Creditor's Name
Association of Lancaster
Attn: Chief Financial Officer
111 E Main St
Lancaster, OH 43130
 Number, Street, City, State & Zip Code
 Describe the property that secures the claim: 610 McKinley Ave Lancaster, OH 43130
\$673.39/mo \$12,000 arrearage
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____
 Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred 11/2005 Last 4 digits of account number 1845

Debtor 1 Garland E. Consoliver Case number (if know) _____
 First Name Middle Name Last Name
 Debtor 2 Elizabeth Ann Consoliver
 First Name Middle Name Last Name

2.6 <u>Midland Funding LLC</u> Creditor's Name <u>8875 Aero Dr</u> <u>San Diego, CA 92123</u> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <u>610 McKinley Ave Lancaster, OH 43130</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$6,500.00</u> <u>\$89,500.00</u> <u>\$6,500.00</u>
---	---	--

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 4/6/2012 **Last 4 digits of account number** 1091

2.7 <u>Ohio Department of Taxation</u> Creditor's Name <u>Attn: Bankruptcy Division</u> <u>PO Box 530</u> <u>Columbus, OH 43216</u> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <u>610 McKinley Ave Lancaster, OH 43130</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Income Tax Lien</u>	<u>\$2,500.00</u> <u>\$89,500.00</u> <u>\$2,500.00</u>
--	--	--

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 8/3/2011 **Last 4 digits of account number** 1817

2.8 <u>Ohio Department of Taxation</u> Creditor's Name <u>Attn: Bankruptcy Division</u> <u>PO Box 530</u> <u>Columbus, OH 43216</u> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <u>610 McKinley Ave Lancaster, OH 43130</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Income Tax Lien</u>	<u>\$1,000.00</u> <u>\$89,500.00</u> <u>\$1,000.00</u>
--	--	--

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 8/3/2011 **Last 4 digits of account number** 1818

Debtor 1 Garland E. Consoliver Case number (if know) _____
 First Name Middle Name Last Name
 Debtor 2 Elizabeth Ann Consoliver
 First Name Middle Name Last Name

2.9 Wells Fargo Describe the property that secures the claim: \$65,000.00 \$89,500.00 \$0.00

Creditor's Name
 c/o Rushmore Loan
 Management Services
 Attn: Chief Financial Officer
 PO Box 55004
 Irvine, CA 92619
 Number, Street, City, State & Zip Code

610 McKinley Ave Lancaster, OH
 43130
 \$588.75/month \$10,000 arrearage

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 8/2004

Last 4 digits of account number 0535

Add the dollar value of your entries in Column A on this page. Write that number here:

\$141,700.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$141,700.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.9
 Carlisle McNellie Rini Kramer & Ulrich
 24755 Chagrin Blvd #200
 Cleveland, OH 44122
 Last 4 digits of account number ____

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.5
 G Brian Boltz Esq
 109 E Main St #105
 Lancaster, OH 43130
 Last 4 digits of account number ____

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.7
 Ohio Department of Taxation
 c/o Attorney General of Ohio
 Collections Enforcement Section
 150 East Gay Street 21st Fl
 Columbus, OH 43215
 Last 4 digits of account number ____

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.8
 Ohio Department of Taxation
 c/o Attorney General of Ohio
 Collections Enforcement Section
 150 East Gay Street 21st Fl
 Columbus, OH 43215
 Last 4 digits of account number ____

Debtor 1 Garland E. Consoliver

First Name Middle Name Last Name

Case number (if know) _____

Debtor 2 Elizabeth Ann Consoliver

First Name Middle Name Last Name

☐

Name, Number, Street, City, State & Zip Code

Thomas & Thomas

2323 Park Avenue

Cincinnati, OH 45206-2711

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

Weltman Weinberg & Reis Co LPA

3705 Marlane Dr

Grove City, OH 43123

On which line in Part 1 did you enter the creditor? 2.6

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	Garland E. Consoliver		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Elizabeth Ann Consoliver		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**
☐ No. Go to Part 2.

☒ Yes.
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number 3798	\$670.00	\$670.00	\$0.00
When was the debt incurred? 2011					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Federal income taxes			

2.2	Lancaster City Income Tax Priority Creditor's Name 104 E Main St 3rd Fl Lancaster, OH 43130 Number Street City State Zip Code	Last 4 digits of account number 3798	\$50.00	\$50.00	\$0.00
When was the debt incurred? 2011 - 2015					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Local Income Taxes			

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

2.3	Ohio Department of Taxation Priority Creditor's Name Attn: Bankruptcy Division PO Box 530 Columbus, OH 43216 Number Street City State Zip Code	Last 4 digits of account number <u>7173</u>	<u>\$850.00</u>	<u>\$850.00</u>	<u>\$0.00</u>
		When was the debt incurred? <u>2009-2014</u>			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>Sales Taxes</u>			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	ACM Ohio LLC Nonpriority Creditor's Name Messenger Publishing Co 9300 Johnson Rd Athens, OH 45701 Number Street City State Zip Code	Last 4 digits of account number <u>6584</u>	Total claim <u>\$1,390.00</u>
		When was the debt incurred? <u>2013</u>	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Advertising services</u>	

Debtor 1 Garland E. Consoliver
 Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.2	ADT Security Services Nonpriority Creditor's Name 3190 S Vaughn Way Aurora, CO 80014 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1983 \$830.00 When was the debt incurred? 2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Residential security services</u>
4.3	Advanta Business Card Nonpriority Creditor's Name Attn Collection Services PO Box 844 Spring House, PA 19477-0844 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$3,700.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
4.4	Advertiser Nonpriority Creditor's Name PO Box 3007 Newark, OH 43058 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0221 \$220.00 When was the debt incurred? 2009 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u> <u>Advertising services</u>

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.5	AEP Nonpriority Creditor's Name PO Box 24401 Canton, OH 44701-4401 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0979 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility services</u>	\$3,400.00
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4.6	Alarmforce Nonpriority Creditor's Name 675 Garyray Dr Toronto ON M9L 1R2 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7373 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Alarm services</u>	\$1,200.00
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4.7	American Consolidated Media Nonpriority Creditor's Name 7301 State Highway 161 #270 Irving, TX 75039 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? 2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Advertising services</u>	\$1,370.00
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.8	American Diagnostic Services Nonpriority Creditor's Name PO Box 62510 Baltimore, MD 21264-2510 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1ads When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	\$31.00
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4.9	Apostolic Publishing Co Nonpriority Creditor's Name 7010 6th Street N Saint Paul, MN 55128 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2441 When was the debt incurred? 2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Advertising services</u>	\$215.00
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4.10	Arwebb Office Plus Nonpriority Creditor's Name 1035 Brice St Newark, OH 43055 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? 2008-2009 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>	\$1,610.00
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Debtor 1 Garland E. Consoliver
 Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.1 1	AT&T Nonpriority Creditor's Name Customer Service PO Box 755 Atwater, CA 95301-0755 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number Multiple \$14,200.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Telephone services</u>
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4.1 2	AT&T Advertising Solutions Nonpriority Creditor's Name 208 S Akard St Dallas, TX 75202 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number Multiple \$9,300.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Advertising services</u>
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4.1 3	Avon Products Inc Nonpriority Creditor's Name 13111 Westheimer 4th Floor Houston, TX 77077 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$55.00 When was the debt incurred? 2009 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Merchandise</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.1 4	Baltimore Veterinary Clinic Nonpriority Creditor's Name PO Box 207 8070 Lancaster-Newark Rd Baltimore, OH 43105 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6015 \$53.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Veterinary Services</u>
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4.1 5	Blue Technologies Nonpriority Creditor's Name 530 Lakeview Plaza Blvd Ste A Columbus, OH 43085 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number C443 \$2,500.00 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>
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4.1 6	Bob Bay & Son Inc Nonpriority Creditor's Name c/o TRS Recovery Services Inc 5251 Westheimer Houston, TX 77056 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1472 \$30.00 When was the debt incurred? 2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u> <u>Insufficient funds check</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.1 7	Buckeye Lending Solutions Nonpriority Creditor's Name 7001 Post Rd #300 Dublin, OH 43016 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1171</u> \$700.00 When was the debt incurred? <u>2009</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal cash loan</u>
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4.1 8	Canal Winchester Area Nonpriority Creditor's Name Chamber of Commerce 20 N High St Canal Winchester, OH 43110 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>multiple</u> \$545.00 When was the debt incurred? <u>2010</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Advertising services</u>
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4.1 9	Capital One Nonpriority Creditor's Name Customer Center PO Box 30256 Salt Lake City, UT 84130-0256 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$7,500.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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Debtor 1 Garland E. Consoliver
 Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.2
0**Cardiovascular Specialists LLC**

Nonpriority Creditor's Name

PO Box 576

Lancaster, OH 43130

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 3233

\$15.00

When was the debt incurred? 2014**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services4.2
1**Cashland**

Nonpriority Creditor's Name

17 Triangle Park

Cincinnati, OH 45246

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 6278

\$373.00

When was the debt incurred?**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal cash loan4.2
2**Cashland**

Nonpriority Creditor's Name

17 Triangle Park

Cincinnati, OH 45246

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** multiple

\$1,000.00

When was the debt incurred? 2009-2011**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal cash loans

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.2
3

CashNet USA

Last 4 digits of account number

\$1,900.00

Nonpriority Creditor's Name
200 W Jackson Blvd #2400
Chicago, IL 60606

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Personal cash loan

4.2
4

Central Ohio General Surgeons

Last 4 digits of account number 8522

\$45.00

Nonpriority Creditor's Name
2405 N Columbus St #250
Lancaster, OH 43130

When was the debt incurred? 6/2014

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Medical services

4.2
5

Central Ohio Primary Care

Last 4 digits of account number 0083

\$530.00

Nonpriority Creditor's Name
570 Polaris Pkwy #250
Westerville, OH 43082

When was the debt incurred? 2013

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Medical services

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.2 6	Certegy Nonpriority Creditor's Name c/o Coface Collections North America Inc PO Box 1389 Kenner, LA 70063 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$55.00 When was the debt incurred? <u>2012</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u> <u>Insufficient funds check</u>
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4.2 7	Chase Nonpriority Creditor's Name Customer Service PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0722</u> \$3,000.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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4.2 8	Chase Nonpriority Creditor's Name Customer Service PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9309</u> \$7,300.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.2 9	<p>Chase</p> <p>Nonpriority Creditor's Name Customer Service PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6510 \$175.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u></p>
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4.3 0	<p>Chase</p> <p>Nonpriority Creditor's Name Customer Service PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1495 \$1,400.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u></p>
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4.3 1	<p>City of Lancaster</p> <p>Nonpriority Creditor's Name 104 E Main St Room 301 Lancaster, OH 43130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1804 \$755.00</p> <p>When was the debt incurred? 2013</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unpaid Judgment</u></p>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.3 2	Columbus Business First Nonpriority Creditor's Name 303 W Nationwide Blvd Columbus, OH 43215 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4570 \$82.00 When was the debt incurred? 2011 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Advertising services</u>
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4.3 3	Columbus Radiology Corp Nonpriority Creditor's Name PO Box 713999 Cincinnati, OH 45271 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8076 \$125.00 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>
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4.3 4	Community Hospitalists LLC Nonpriority Creditor's Name PO Box 72233 Cleveland, OH 44192 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0700 \$3,000.00 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.3
5

Cracker Barrel 121

Last 4 digits of account number 2812

\$30.00

Nonpriority Creditor's Name
c/o Certergy Payment Recovery
Services
11601 Roosevelt Blvd
Saint Petersburg, FL 33716

When was the debt incurred? 2008

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Insufficient funds check

4.3
6

Cristy's Pizza

Last 4 digits of account number 0000

\$50.00

Nonpriority Creditor's Name
c/o CheckCare
1925 E Dublin Granville Rd #103
Columbus, OH 43229

When was the debt incurred? 2011

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Business debt
Insufficient funds check

4.3
7

Culligan of Central Ohio

Last 4 digits of account number 2373

\$150.00

Nonpriority Creditor's Name
8260 Howe Industrial Pkwy Ste H
Canal Winchester, OH 43110

When was the debt incurred? 2013

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Services

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.3
8

Defender Direct

Nonpriority Creditor's Name
6100 N Keystone Ave #654
Indianapolis, IN 46220

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$830.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Security services

4.3
9

DHL Express Inc

Nonpriority Creditor's Name
1210 S Pine Island Rd 4th Fl
Fort Lauderdale, FL 33324

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 0666

\$240.00

When was the debt incurred? 2008

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Business debt
Shipping services

4.4
0

Direct TV

Nonpriority Creditor's Name
Customer Service
PO Box 6550
Greenwood Village, CO 80155-6550

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 2803

\$175.00

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Satellite television services

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.4 1	EMP of Lancaster Ltd Nonpriority Creditor's Name 100 S Owasso Blvd West Saint Paul, MN 55117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number multiple When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	\$900.00
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4.4 2	ETAT Enterprises, LLC Nonpriority Creditor's Name 125 W Wheeling St Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3121 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Background Checks</u>	\$45.00
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4.4 3	Fairfield Emergency Physicians Nonpriority Creditor's Name 2950 Robertson Ave #200 Cincinnati, OH 45209 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? 2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	\$600.00
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.4 4	Fairfield HC Professionals Nonpriority Creditor's Name 1153 East Main St PO Box 2563 Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8847 \$25.00 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>
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4.4 5	Fairfield Medical Center Nonpriority Creditor's Name 1149 E Main St Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number multiple \$5,000.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>
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4.4 6	Federal Express Nonpriority Creditor's Name PO Box 1140 Memphis, TN 38101-1140 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9560 \$425.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u> <u>Shipping services</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.4 7	Fifth Third Bank Nonpriority Creditor's Name Customer Service 38 Fountain Square Plaza Cincinnati, OH 45263 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>	\$4,700.00
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4.4 8	First Data Merchant Services Nonpriority Creditor's Name PO Box 1738545 Denver, CO 80217 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>multiple</u> When was the debt incurred? <u>2010</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Overdrawn account charges</u>	\$10,500.00
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4.4 9	First Medical Urgent & Family Care Nonpriority Creditor's Name 1201 River Valley Blvd Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1153</u> When was the debt incurred? <u>2014</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>	\$55.00
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.5
0

First Premier Bank

Last 4 digits of account number 0506

\$400.00

Nonpriority Creditor's Name
Customer Service
PO Box 5524
Sioux Falls, SD 57117-5524
Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Credit card purchases

4.5
1

Fred Fioto

Last 4 digits of account number

\$1,270.00

Nonpriority Creditor's Name
66410 Bethel Rd
New Plymouth, OH 45654
Number Street City State Zip Code

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Business debt
Web site services

4.5
2

GE Money Bank

Last 4 digits of account number 7648

\$500.00

Nonpriority Creditor's Name
PO Box 981438
El Paso, TX 79998
Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Credit card purchases

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.5
3

Gene's Sign Co

Last 4 digits of account number

\$100.00

Nonpriority Creditor's Name
310 N Broad St
PO Box 83
Bremen, OH 43107

When was the debt incurred? 2012

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Business debt

4.5
4

General Surgical Associates

Last 4 digits of account number 0932

\$50.00

Nonpriority Creditor's Name
618 Pleasantville Rd #301
Lancaster, OH 43130-3373

When was the debt incurred? 2014

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Medical services

4.5
5

Glenn Burns DDS

Last 4 digits of account number 6550

\$76.00

Nonpriority Creditor's Name
Jennifer Lape DDS
208 N Columbus St
Lancaster, OH 43130

When was the debt incurred? 2013

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Dental services

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.5 6	Haines Publishing Nonpriority Creditor's Name PO Box 2117 Canton, OH 44720 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6874 When was the debt incurred? 2009 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debt Advertising services</u>	\$350.00
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4.5 7	Heimberger Office Machines Nonpriority Creditor's Name 664 E Main st Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>	\$1,250.00
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4.5 8	HP Products Corporation Nonpriority Creditor's Name 4220 Saguaro Trl Indianapolis, IN 46268 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1038 When was the debt incurred? 2011 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unpaid Judgment</u>	\$4,800.00
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.5 9	HSBC Card Services Nonpriority Creditor's Name Customer Service PO Box 80084 Salinas, CA 93912-0084 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7338 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$500.00
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4.6 0	HSBC Card Services Nonpriority Creditor's Name Customer Service PO Box 80084 Salinas, CA 93912-0084 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5079 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases - no use in last 90 days</u>	\$7,500.00
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4.6 1	HSBC Retail Services Nonpriority Creditor's Name PO Box 15521 Wilmington, DE 19850-5521 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2755 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$1,800.00
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.6 2	Huntington National Bank Nonpriority Creditor's Name 2361 Morse Road Columbus, OH 43229 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1,300.00 When was the debt incurred? <u>201</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Overdrawn checking account</u>
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4.6 3	Internal Revenue Service Nonpriority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3798</u> \$6,500.00 When was the debt incurred? <u>2009</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Federal income taxes</u>
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4.6 4	Internal Revenue Service Nonpriority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3876</u> \$11,115.00 When was the debt incurred? <u>2012-2014</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Late filing penalties</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.6
5

James Gobel
Nonpriority Creditor's Name
613 Madison Ave
Lancaster, OH 43130
Number Street City State Zip Code
Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____ **\$10,000.00**
When was the debt incurred? _____
As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Personal cash loan

4.6
6

Jon Clark & Associates
Nonpriority Creditor's Name
PO Box 1405
Lancaster, OH 43130
Number Street City State Zip Code
Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number _____ **\$2,000.00**
When was the debt incurred? 2012
As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Legal services

4.6
7

JPMorgan Chase Bank
Nonpriority Creditor's Name
PO Box 659754
San Antonio, TX 78265-9754
Number Street City State Zip Code
Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 7452 **\$460.00**
When was the debt incurred? _____
As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Overdrawn checking account charges

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.6
8

Kroger Check Recovery Center

Last 4 digits of account number 6611

\$30.00

Nonpriority Creditor's Name

PO Box 30650

Salt Lake City, UT 84130

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Insufficient funds check

4.6
9

Lancaster Eagle Gazette

Last 4 digits of account number 9229

\$15.00

Nonpriority Creditor's Name

138 W Chestnut St

Lancaster, OH 43130

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Newspaper subscription

4.7
0

Lancaster Utilities

Last 4 digits of account number 5504

\$422.00

Nonpriority Creditor's Name

104 East Main Street

PO Box 1099

Lancaster, OH 43130

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Utility services

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.7 1	Lancaster's 90.9FM Nonpriority Creditor's Name 201 S Broad St Studio 301 Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2011-2012</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u> <u>Advertising services</u>	\$450.00
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4.7 2	Lowes / Synchrony Bank Nonpriority Creditor's Name Attn Bankruptcy Dept PO Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>XXXX</u> When was the debt incurred? <u>8/2000</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$2,000.00
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4.7 3	Macy's Visa Nonpriority Creditor's Name Bankruptcy Processing PO Box 8053 Mason, OH 45040 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0756</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$8,300.00
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.7 4	Magnetic Springs Water Co Nonpriority Creditor's Name 1917 Joyce Ave PO Box 182076 Columbus, OH 43219 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0272</u> When was the debt incurred? <u>2012</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>	\$50.00
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4.7 5	Media Network of Central Ohio Nonpriority Creditor's Name PO Box 677302 Dallas, TX 75267 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4252</u> When was the debt incurred? <u>2012</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Advertising services</u>	\$140.00
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4.7 6	Midland Funding LLC Nonpriority Creditor's Name 8875 Aero Dr San Diego, CA 92123 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9309</u> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection action</u>	\$6,700.00
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.7
7

Minuteman Press

Nonpriority Creditor's Name
135 N Columbus St
Lancaster, OH 43130

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$320.00

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Business debt

4.7
8

Mobilex USA

Nonpriority Creditor's Name
PO Box 17452
Baltimore, MD 21297-1452

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7bal,1bal

\$185.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Services

4.7
9

Nationwide Insurance Company

Nonpriority Creditor's Name
One Nationwide Plaza
Columbus, OH 43215

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8568

\$740.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Insurance premiums

Debtor 1 Garland E. Consoliver
 Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.8
0**Newspaper Network of Central Ohio**

Last 4 digits of account number 4749

\$140.00

Nonpriority Creditor's Name

PO Box 713201

Columbus, OH 43271-3201

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business debt
Advertising services4.8
1**Ocean Equity Payment Solutions**

Last 4 digits of account number 1286

\$36.00

Nonpriority Creditor's Name

295 Bendix Rd 320

Virginia Beach, VA 23452-1382

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Bankcard4.8
2**Ohio Bureau of Motor Vehicles**

Last 4 digits of account number

\$50.00

Nonpriority Creditor's Name

Attn: Financial Responsibility Section

PO Box 16520

Columbus, OH 43216-6520

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Insufficient funds check

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.8
3

Ohio Bureau of Workers Compensation

Nonpriority Creditor's Name
Policy No. 1616246
Attn: Law Section Bankruptcy Unit
PO Box 15567
Columbus, OH 43215-0567

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 2234

\$110.00

When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Worker's Compensation premiums

4.8
4

Ohio Department of Taxation

Nonpriority Creditor's Name
Attn: Bankruptcy Division
PO Box 530
Columbus, OH 43216

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 3798

\$2,000.00

When was the debt incurred? 2009

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify State income taxes

4.8
5

Ohio Neighborhood Finance

Nonpriority Creditor's Name
845 N Memorial Dr
Lancaster, OH 43130

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 3932

\$600.00

When was the debt incurred? 6/2009

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Personal cash loan

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.8
6

Ohio Plumbing Plus

Last 4 digits of account number

\$743.00

Nonpriority Creditor's Name

323 N Maple St

Lancaster, OH 43130

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Plumbing services

4.8
7

Ohio School District Income Tax

Last 4 digits of account number 5996

\$1,000.00

Nonpriority Creditor's Name

30 East Broad Street 29th Floor

Columbus, OH 43215-3414

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2009

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify School district income taxes

4.8
8

OSU Physicians

Last 4 digits of account number 1114

\$600.00

Nonpriority Creditor's Name

PO Box 740727

Cincinnati, OH 45274-0727

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Medical Services

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.8
9

Paychex of New York LLC

Last 4 digits of account number 6749

\$350.00

Nonpriority Creditor's Name
5450 Frantz Rd #100
Dublin, OH 43016

When was the debt incurred? 2012

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Business debt
Payroll processing services

4.9
0

PayPal Credit / Synchrony Bank

Last 4 digits of account number 6289

\$1,100.00

Nonpriority Creditor's Name
Attn Bankruptcy Dept
PO Box 965060
Orlando, FL 32896-5060

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Credit card purchases

4.9
1

Personnel Concepts

Last 4 digits of account number 6912

\$212.00

Nonpriority Creditor's Name
PO Box 5750
Carol Stream, IL 60197-5750

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Business debt

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.9 2	Physicians Care Inc Nonpriority Creditor's Name PO Box 748 Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5304 \$320.00 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>
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4.9 3	RCL Finance Inc Nonpriority Creditor's Name 7001 Post Rd #300 Dublin, OH 43016 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$1,430.00 When was the debt incurred? 2011 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal cash loan</u>
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4.9 4	Reference Laboratory Services Nonpriority Creditor's Name PO Box 1076 Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2494 \$150.00 When was the debt incurred? 2009 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.9 5	Risch Home Health Care Inc Nonpriority Creditor's Name 622 W Fair Ave Lancaster, OH 43130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9412 \$150.00 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical supplies</u>
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4.9 6	Riverwalk Holdings Ltd Nonpriority Creditor's Name c/o Velocity Investments LLC 1800 Route 34N #404A Belmar, NJ 07719 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5117 \$100.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>
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4.9 7	RJ Schinner Nonpriority Creditor's Name 4001 Gantz Rd Ste E Grove City, OH 43123 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$205.00 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.9
8

Rose Products and Services

Last 4 digits of account number 4796 \$733.00

Nonpriority Creditor's Name
PO Box 871065
Kansas City, MO 64187-1065
Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Cleaning Services

4.9
9

Royal Publishing

Last 4 digits of account number 4675 \$200.00

Nonpriority Creditor's Name
7620 N Harker Dr
Peoria, IL 61615-1849
Number Street City State Zip Code

When was the debt incurred? 2009-2012

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Business debt Advertising services

4.1
00

Sears / Synchrony Bank

Last 4 digits of account number 2690 \$11,500.00

Nonpriority Creditor's Name
Bankruptcy Dept
PO Box 965061
Orlando, FL 32896
Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit card purchases

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.1
01

Sirius XM Radio Inc.

Last 4 digits of account number 9924

\$30.00

Nonpriority Creditor's Name

PO Box 33174

Detroit, MI 48232

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Subscription charges

4.1
02

Slaters Inc

Last 4 digits of account number 5338

\$94.00

Nonpriority Creditor's Name

1141 N Memorial Dr

PO Box 489

Lancaster, OH 43130

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Business debt
Locksmith services

4.1
03

Sysco Cincinnati LLC

Last 4 digits of account number 5473

\$15,000.00

Nonpriority Creditor's Name

PO Box 6066

Cincinnati, OH 45262-0066

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Business debt

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.1 04	TeleCheck Services Inc Nonpriority Creditor's Name PO Box 60028 City of Industry, CA 91716-0028 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5383 \$150.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>
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4.1 05	Telecheck Services, Inc Nonpriority Creditor's Name PO Box 1099 Englewood, CO 80150-1099 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8951 \$175.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt</u>
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4.1 06	The Lutheran Journal Nonpriority Creditor's Name PO Box 28158 Saint Paul, MN 55128 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2441 \$250.00 When was the debt incurred? 2009 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Advertising services</u>
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Debtor 1 Garland E. Consoliver
 Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.1
07**The Sign Company**

Last 4 digits of account number

\$55.00

Nonpriority Creditor's Name

3810 Columbus Lancaster Rd NW
Carroll, OH 43112

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business debt4.1
08**Tho Do LLC**

Last 4 digits of account number 5051

\$125.00

Nonpriority Creditor's Name

c/o TRS Recovery Services Inc
5251 Westheimer
Houston, TX 77056

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business debt
Insufficient funds check4.1
09**Time Warner Cable**

Last 4 digits of account number 5304

\$500.00

Nonpriority Creditor's Name

1015 Olentangy River Rd
Columbus, OH 43212-3148

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Cable television services

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.1 10	ULine Nonpriority Creditor's Name 2200 S Lakeside Dr Waukegan, IL 60085 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4263 \$255.00 When was the debt incurred? 2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Supplies</u>
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4.1 11	United Collection Bureau Inc Nonpriority Creditor's Name 5620 Southwyck Blvd #206 Toledo, OH 43614 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6716 \$410.00 When was the debt incurred? 2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection action</u>
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4.1 12	United States Postal Service Nonpriority Creditor's Name 475 L'Enfant Plaza SW RM 4012 Washington, DC 20060 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$55.00 When was the debt incurred? 2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business debt Shipping services</u>
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Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

4.1
13

UPS

Last 4 digits of account number

\$115.00

Nonpriority Creditor's Name
55 Glenlake Pkwy NE
Atlanta, GA 30328

When was the debt incurred? 2012

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Business debt
Shipping services

4.1
14

US Bank

Last 4 digits of account number 6618

\$1,600.00

Nonpriority Creditor's Name
Customer Service
PO Box 2188
Oshkosh, WI 54903-2188

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Business debt

4.1
15

Wells Fargo

Last 4 digits of account number 9286

\$4,200.00

Nonpriority Creditor's Name
Correspondence
PO Box 10335
Des Moines, IA 50306

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify Credit card purchases

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
ABC Amega Inc.
1100 Main Street
Buffalo, NY 14209-2356

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.46 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Accord Creditor Services, LLC
PO Box 10002
Newnan, GA 30271

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.11 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
AG Adjustments
740 Walt Whitman Rd
Melville, NY 11747

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.110 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Alliance One
Correspondence
4850 Street Rd #300
Trevose, PA 19053

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.112 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Allied Interstate LLC
Correspondence
PO Box 361445
Columbus, OH 43236

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.113 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Asset Acceptance Corp
PO Box 2036
Warren, MI 48090-2036

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.47 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Asset Acceptance Corp
PO Box 2036
Warren, MI 48090-2036

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.50 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Asset Recovery Solutions LLC
2200 E Devon Ave #200
Des Plaines, IL 60018

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.50 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Associated Credit Services Inc
105B South St
PO Box 9100
Hopkinton, MA 01748

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.115 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Biehl & Biehl Inc
PO Box 87410
Carol Stream, IL 60188

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.80 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Bischoff Martingayle P.C.
PO Box 1193
Virginia Beach, VA 23451-0193

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.81 of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

Last 4 digits of account number

Name and Address
Buckeye Credit Solutions
7001 Post Rd #300
Dublin, OH 43016

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.93 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CAC Financial Corp
2601 NW Expressway # 1000 East
Oklahoma City, OK 73112-7236

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.90 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Capital Management Services Inc
726 Exchange Street #700
Buffalo, NY 14210

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.114 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CBCS
PO Box 163279
Columbus, OH 43216-3279

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CBCS
PO Box 163279
Columbus, OH 43216-3279

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CBCS
PO Box 163279
Columbus, OH 43216-3279

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.88 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CBNA
PO Box 550
Dickson, TN 37056

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CCB Credit Services
5300 S 6th Street
Springfield, IL 62703

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Central Credit Services Inc
PO Box 15118
Jacksonville, FL 32239-5118

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Choice Recovery
1550 Old Henderson Rd #100
Columbus, OH 43220-3662

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.49 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Christy Moore
646 E Chestnut St
Lancaster, OH 43130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.65 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

CISCO, Inc
PO Box 801088
Houston, TX 77280-1088

Line 4.11 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Client Services Inc
3451 Harry Truman Blvd
Saint Charles, MO 63301-4047

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.47 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Commercial Collectors Inc
PO Box 337
Montrose, MN 55363

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.58 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Corporate Collection Services
PO Box 1500
Henrietta, NY 14467

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.89 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Cox Law Office LLC
4930 Reed Rd #220
Columbus, OH 43220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.95 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Credit Control LLC
5757 Phantom Drive Ste 330
Hazelwood, MO 63042

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Credit Management Inc
4200 International Parkway
Carrollton, TX 75007-1906

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.109 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Credit Protection Association LP
13355 Noel Road
Dallas, TX 75240

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.109 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Credit Solutions LLC
2277 Thunderstick Dr #400
Lexington, KY 40505-9002

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Crestwood Mgmt LLC
PO Box 22630
Beachwood, OH 44122

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.88 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
D Scott Carruthers
Attorneys at Law
8448 Katella Ave #100
Stanton, CA 90680

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.114 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Diversified Credit Service Inc
PO Box 21726

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

Cleveland, OH 44121

Last 4 digits of account number

Name and Address

Donald A Cox Esq
605 N High St #305
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.114 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Enhanced Recovery Company LLC
Correspondence
PO Box 57610
Jacksonville, FL 32241

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

EOS CCA
Correspondence
PO Box 439
Norwell, MA 02061-0439

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.109 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

ERC
PO Box 23870
Jacksonville, FL 32241-3870

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.109 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Escallate LLC
5200 Stoneham Rd #200
Canton, OH 44720

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Firstsource Advantage LLC
205 Bryant Woods S
Amherst, NY 14228

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.67 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Firstsource Advantage LLC
205 Bryant Woods S
Amherst, NY 14228

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

FMS Inc
4915 S Union Ave
Tulsa, OK 74107

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.73 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Focus Receivables Management
1130 Northchase Pkwy #150
Marietta, GA 30067-6420

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Franklin Collection Service Inc
PO Box 3910
Tupelo, MS 38803-3910

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

General Revenue Corporation
11501 Northlake Dr
Cincinnati, OH 45249-1643

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

Last 4 digits of account number

Name and Address

Harold E. Scherr
1064 Greenwood Blvd 328
Lake Mary, FL 32746

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.76 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Hillcrest Davidson & Associates
850 N Dorothy Dr #512
Richardson, TX 75081

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Hohmann, Boukis & Curtis CO., L.P.A.
1370 Ontario St #520
Cleveland, OH 44113-1701

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.58 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

IC System Inc
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164-0378

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

IC System Inc
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164-0378

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Imperial Commercial
397 N Litchfield Rd #113
Goodyear, AZ 85338

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.114 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Integrity Financial Partners Inc
4370 W 109th St #100
Overland Park, KS 66211

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.67 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Integrity Financial Partners Inc
4370 W 109th St #100
Overland Park, KS 66211

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Integrity Solution Services Inc
20 Corporate Hills Dr
Saint Charles, MO 63301

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JC Christensen & Associates Inc
PO Box 519
Sauk Rapids, MN 56379-0519

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

JL Russell & Associates Ltd
13700 State Rd #4
North Royalton, OH 44133

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

Name and Address
JP Recovery Services Inc
PO Box 1022
Wixom, MI 48393-1022

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Keith D Weiner & Associates
75 Public Square 4th Floor
Cleveland, OH 44113

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Law Offices of Mitchell N Kay PC
PO Box 9006
Smithtown, NY 11787-9006

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Leading Edge Recovery Solutions LLC
5440 N Cumberland Ave #300
Chicago, IL 60656-1490

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Levy & Associates
4645 Executive Drive
Columbus, OH 43220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
LP Investments
PO Box 1987
Colleyville, TX 76034

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
LVNV Funding
Universal Fidelity LP
PO Box 10497
Greenville, SC 29603

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Meade & Associates Inc
737 Enterprise Drive
Westerville, OH 43081

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.95 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Mercantile Adjustment Bureau Inc.
PO Box 9016
Buffalo, NY 14231-9016

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Mercantile Adjustment Bureau, LLC
165 Lawrence Bell Drive 100
Williamsville, NY 14221-7900

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Credit Management Inc
2365 Northside Dr #300
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.76 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Credit Management Inc

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

2365 Northside Dr #300
San Diego, CA 92108

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Credit Management Inc
2365 Northside Dr #300
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.90 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Credit Management Inc
2365 Northside Dr #300
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.50 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MRS Associates
1930 Olney Ave
Cherry Hill, NJ 08003

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
National Credit Adjusters
327 W 4th St
Hutchinson, KS 67504-3023

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.23 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Nationwide Credit Inc
4700 Vestal Pkwy E
Vestal, NY 13850-3770

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.40 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Nationwide Credit, Inc
PO Box 26314
Lehigh Valley, PA 18002

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.67 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NCO Financial Systems
507 Prudential Road
Horsham, PA 19044

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.48 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NCO Financial Systems
507 Prudential Road
Horsham, PA 19044

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.90 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NCO Financial Systems
507 Prudential Road
Horsham, PA 19044

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.39 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Northland Group
PO Box 390905
Minneapolis, MN 55439

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.73 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Ohio Attorney General's Office
Revenue Recovery/Collections
Enforcement
150 E Gay St 21st Fl

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.87 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

Columbus, OH 43215

Last 4 digits of account number

Name and Address

Ohio Attorney General's Office
Revenue Recovery/Collections
Enforcement
150 E Gay St 21st Fl
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.82 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ohio Attorney General's Office
Revenue Recovery/Collections
Enforcement
150 E Gay St 21st Fl
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.88 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ohio Bureau of Workers
Compensation
Attorney General of Ohio
Collections Enforcement Section
150 East Gay St 21st Fl
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.83 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ohio Department of Taxation
c/o Attorney General of Ohio
Collections Enforcement Section
150 East Gay Street 21st Fl
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ohio Department of Taxation
c/o Attorney General of Ohio
Collections Enforcement Section
150 East Gay Street 21st Fl
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.84 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

P&B Capital Group LLC
461 Ellicott St 3rd Fl
Buffalo, NY 14203

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.60 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Pinnacle Financial Group Inc
7825 Washington Ave S #410
Minneapolis, MN 55439-2409

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.50 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Plaza Associates
370 Seventh Avenue
New York, NY 10001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.73 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Plaza Associates
370 Seventh Avenue
New York, NY 10001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

Plaza Associates
370 Seventh Avenue
New York, NY 10001

Line 4.62 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Prince Parker & Associates
PO Box 474690
Charlotte, NC 28247

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Prince-Parker & Associates Inc
6625 Crown Crescent Court
PO Box 474690
Charlotte, NC 28247-4690

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Professional Debt Mediation Inc
PO Box 550-0979
Jacksonville, FL 32255

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Professional Debt Meditation, Inc.
PO Box 550-0979
Jacksonville, FL 32255-0979

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Rauch-Milliken International Inc
PO Box 8390
Metairie, LA 70011

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.97 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
RBC
283 Glessner Ave
PO Box 1548
Mansfield, OH 44901-1548

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Receivable Management Services
4836 Brecksville Rd
PO Box 523
Richfield, OH 44286

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.91 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Receivables Performance
Management
20816 44th Ave W
Lynnwood, WA 98036

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.60 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Regent Asset Management Solutions
7290 Samuel Dr #300
Denver, CO 80221

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.114 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Reliant Capital Solutions LLC
750 Cross Pointe Road Suite G
Columbus, OH 43230-6692

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.87 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

Name and Address
Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Revenue Group
4780 Hinckley Industrial Pkwy #200
Cleveland, OH 44109

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.88 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Revenue Recovery Corp
6207 Summer Ave
PO Box 341308
Memphis, TN 38184-1308

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
RJ Schinner - Menomonee Falls
N89 W14700 Patrita Dr
Menomonee Falls, WI 53051

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.97 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Rossman & Co
PO Box 2051
New Albany, OH 43054

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Sentry Credit Inc
2809 Grand Ave
Everett, WA 98201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Simm Associates Inc
800 Pencader Dr
Newark, DE 19702

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.100 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
SKO Brenner American
40 Daniel St
Farmingdale, NY 11735

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Slater, Tenaglia, Fritz & Hunt, P.A.
PO Box 8500
Philadelphia, PA 19178-2431

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.91 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Source Receivables Management
4615 Dundas Dr #102
Greensboro, NC 27407

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Southwest Credit
4120 International Pkwy #1100
Carrollton, TX 75007

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Stern Recovery Services Inc

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

415 N Edgeworth St #210
Greensboro, NC 27401

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Sunrise Credit Services Inc
PO Box 9100
Farmingdale, NY 11735-9100

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.13 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Synter Resource Group LLC
5935 Rivers Ave #102
North Charleston, SC 29406

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.39 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Tate & Kirlin Associates
2810 Southampton Rd
Philadelphia, PA 19154

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.2 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
The CBE Group Inc
131 Tower Park #100
PO Box 2635
Waterloo, IA 50704-2635

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.40 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Thomas & Thomas
2323 Park Avenue
Cincinnati, OH 45206-2711

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Transworld Systems Inc
507 Prudential Rd
Horsham, PA 19044

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.98 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
United Collection Bureau
PO Box 165009
Columbus, OH 43216-5009

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.88 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
United Recovery Systems
5800 North Course Dr
Houston, TX 77072

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.30 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney
303 Marconi Blvd #200
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.63 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney
303 Marconi Blvd #200
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 2.1 of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney
303 Marconi Blvd #200
Columbus, OH 43215

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.64 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

Last 4 digits of account number

Name and Address
US Attorney General
Main Justice Building Room 5111
10th & Constitution Avenue NW
Washington, DC 20530

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.63 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney General
Main Justice Building Room 5111
10th & Constitution Avenue NW
Washington, DC 20530

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney General
Main Justice Building Room 5111
10th & Constitution Avenue NW
Washington, DC 20530

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.64 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Velocity Investments LLC
1800 Route 34 N Ste 404A
Wall, NJ 07719

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Weltman Weinberg & Reis Co LPA
PO Box 93596
Cleveland, OH 44101-5596

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.76 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Weltman Weinberg & Reis Co LPA
323 West Lakeside Ave #200
Cleveland, OH 44113-1099

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Weltman Weinberg & Reis Co LPA
3705 Marlane Dr
Grove City, OH 43123

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
West Asset Management
7171 Mercy Rd #100
Omaha, NE 68105-2535

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Wolkin Law Group
235 W Giaconda Way #217
Tucson, AZ 85704

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.103 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim		
	6a.	Domestic support obligations	6a.
	\$		0.00
6b.	Taxes and certain other debts you owe the government		
	\$		1,570.00
6c.	Claims for death or personal injury while you were intoxicated		
	\$		0.00

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if know)

	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 1,570.00
Total claims from Part 2	6f. Student loans	6f. Total Claim \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 206,395.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 206,395.00

Fill in this information to identify your case:

Debtor 1	Garland E. Consoliver		
	First Name	Middle Name	Last Name
Debtor 2	Elizabeth Ann Consoliver		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Acceptance Now Attn: Chief Financial Officer 1860 N Memorial Dr Lancaster, OH 43130	Rent-to-Own purchase agreement of Washer, Dryer & Refrigerator See Chapter 13 Plan for treatment

Fill in this information to identify your case:

Debtor 1 Garland E. Consoliver
First Name Middle Name Last Name

Debtor 2 Elizabeth Ann Consoliver
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number _____ Street _____
 City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number _____ Street _____
 City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Garland E. Consoliver

Debtor 2 Elizabeth Ann Consoliver
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
☒ Not employed

Disabled

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Health care aide

A Plus Home Health Care Agency LLC

2238 S Hamilton Rd #100
Columbus, OH 43232

2 months / paid
bi-weekly

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>796.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>796.00</u>

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 796.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 92.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 92.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 704.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 1,401.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Family Assistance (see below)	8h.+ \$ 0.00	\$ 968.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,401.00	\$ 968.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,401.00 + \$ 1,672.00 = \$ 3,073.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 3,073.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Debtor-Wife recently commenced employment as a home healthcare aide. As her employment progresses, she will obtain more clients and her income will increase. As her income increases, the family assistance will decrease. Debtors' Chapter 13 Plan provides for a graduated plan payment that increases after 1 year as Debtors anticipate that their income will be stable and sufficient to enable a higher payment at that time.		

Fill in this information to identify your case:

Debtor 1 Garland E. Consoliver

Debtor 2 Elizabeth Ann Consoliver
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	200.00
6b. Water, sewer, garbage collection	6b. \$	100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	228.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	250.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	50.00
10. Personal care products and services	10. \$	75.00
11. Medical and dental expenses	11. \$	50.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	125.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	137.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	133.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: <u>Pet Care</u>	21. +\$	25.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	1,473.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	1,473.00
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	3,073.00
23b. Copy your monthly expenses from line 22c above.	23b. -\$	1,473.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,600.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1 Garland E. Consoliver
First Name Middle Name Last Name

Debtor 2 Elizabeth Ann Consoliver
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Garland E. Consoliver
Garland E. Consoliver
Signature of Debtor 1

Date April 28, 2016

X /s/ Elizabeth Ann Consoliver
Elizabeth Ann Consoliver
Signature of Debtor 2

Date April 28, 2016

LBR Form 2016-1(b)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO**

In re:
Garland E. Consoliver
Elizabeth Ann Consoliver

Debtor(s)

Case No.

Chapter 13

Judge

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE**

I. Disclosure

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	3,500.00
Prior to the filing of this statement I have received	\$	1,000.00
Balance Due	\$	2,500.00

2. \$ 310.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other persons unless they are members and/or associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

II. Application

6. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,500, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,500, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the hourly rate at which the services were performed, and the actual time spent by the case attorney, any other attorney, paralegal or professional person for whom fees are sought. Any request for reimbursement of expenses shall include an itemization of the expenses.
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and amendments thereto that may be required;
 - Preparation and filing of chapter 13 plan, and any pre-confirmation amendments thereto that may be required;
 - Preparation and filing of payroll orders and amended payroll orders;
 - Representation of the debtor at the meeting of creditors and confirmation hearing; and any continued hearings thereof;
 - Filing of address changes;
 - Routine phone calls and questions;
 - Review of claims;

- i. Review of notice of intention to pay claims;
 - j. Preparation and filing of objections to non-real estate and non-tax claims;
 - k. Preparation and filing of first motion to suspend or reduce payments;
 - l. Preparation and filing of debtor's certification regarding issuance of discharge order; and
 - m. Any other duty as required by local decision or policy.
- All fees are charged at \$300.00 per hour for Attorney Zellar, \$225.00 per hour for Associate Counsel, and \$110.00 per hour for paralegal time from the inception of the case through confirmation. Extraordinary fees are subject to Court approval at the requested hourly rate(s).

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

April 28, 2016

Date

/s/ Crystal I. Zellar

Crystal I. Zellar

Signature of Attorney

#0038785

Zellar & Zellar, Attorneys at Law, Inc.

720 Market Street

Zanesville, OH 43701

(740) 452-8439

Fax: (740) 450-8499

mail@ZellarLaw.com

ABC Amega Inc.
1100 Main Street
Buffalo NY 14209-2356

Acceptance Now
Attn: Chief Financial Officer
1860 N Memorial Dr
Lancaster OH 43130

Accord Creditor Services, LLC
PO Box 10002
Newnan GA 30271

ACM Ohio LLC
Messenger Publishing Co
9300 Johnson Rd
Athens OH 45701

ADT Security Services
3190 S Vaughn Way
Aurora CO 80014

Advanta Business Card
Attn Collection Services
PO Box 844
Spring House PA 19477-0844

Advertiser
PO Box 3007
Newark OH 43058

AEP
PO Box 24401
Canton OH 44701-4401

AG Adjustments
740 Walt Whitman Rd
Melville NY 11747

Alarmforce
675 Garyray Dr
Toronto ON M9L 1R2

Alliance One
Correspondence
4850 Street Rd #300
Trevose PA 19053

Allied Interstate LLC
Correspondence
PO Box 361445
Columbus OH 43236

American Consolidated Media
7301 State Highway 161 #270
Irving TX 75039

American Diagnostic Services
PO Box 62510
Baltimore MD 21264-2510

Apostolic Publishing Co
7010 6th Street N
Saint Paul MN 55128

Arwebb Office Plus
1035 Brice St
Newark OH 43055

Asset Acceptance Corp
PO Box 2036
Warren MI 48090-2036

Asset Recovery Solutions LLC
2200 E Devon Ave #200
Des Plaines IL 60018

Associated Credit Services Inc
105B South St
PO Box 9100
Hopkinton MA 01748

AT&T
Customer Service
PO Box 755
Atwater CA 95301-0755

AT&T Advertising Solutions
208 S Akard St
Dallas TX 75202

Avon Products Inc
13111 Westheimer
4th Floor
Houston TX 77077

Baltimore Veterinary Clinic
PO Box 207
8070 Lancaster-Newark Rd
Baltimore OH 43105

Biehl & Biehl Inc
PO Box 87410
Carol Stream IL 60188

Bischoff Martingayle P.C.
PO Box 1193
Virginia Beach VA 23451-0193

Blue Technologies
530 Lakeview Plaza Blvd Ste A
Columbus OH 43085

Bob Bay & Son Inc
c/o TRS Recovery Services Inc
5251 Westheimer
Houston TX 77056

Buckeye Credit Solutions
7001 Post Rd #300
Dublin OH 43016

Buckeye Lending Solutions
7001 Post Rd #300
Dublin OH 43016

CAC Financial Corp
2601 NW Expressway # 1000 East
Oklahoma City OK 73112-7236

Canal Winchester Area
Chamber of Commerce
20 N High St
Canal Winchester OH 43110

Capital Management Services Inc
726 Exchange Street #700
Buffalo NY 14210

Capital One
Attn: Chief Financial Officer
PO Box 30256
Salt Lake City UT 84130-0256

Capital One
Customer Center
PO Box 30256
Salt Lake City UT 84130-0256

Cardiovascular Specialists LLC
PO Box 576
Lancaster OH 43130

Carlisle McNellie Rini Kramer & Ulrich
24755 Chagrin Blvd #200
Cleveland OH 44122

Cashland
17 Triangle Park
Cincinnati OH 45246

CashNet USA
200 W Jackson Blvd #2400
Chicago IL 60606

CBCS
PO Box 163279
Columbus OH 43216-3279

CBNA
PO Box 550
Dickson TN 37056

CCB Credit Services
5300 S 6th Street
Springfield IL 62703

Central Credit Services Inc
PO Box 15118
Jacksonville FL 32239-5118

Central Ohio General Surgeons
2405 N Columbus St #250
Lancaster OH 43130

Central Ohio Primary Care
570 Polaris Pkwy #250
Westerville OH 43082

Certegy
c/o Coface Collections North America Inc
PO Box 1389
Kenner LA 70063

Chase
Customer Service
PO Box 15298
Wilmington DE 19850-5298

Choice Recovery
1550 Old Henderson Rd #100
Columbus OH 43220-3662

Christy Moore
646 E Chestnut St
Lancaster OH 43130

Chrysler Financial
Correspondence
PO Box 9223
Farmington MI 48333-9223

CISCO, Inc
PO Box 801088
Houston TX 77280-1088

City of Lancaster
104 E Main St Room 301
Lancaster OH 43130

Client Services Inc
3451 Harry Truman Blvd
Saint Charles MO 63301-4047

Columbus Business First
303 W Nationwide Blvd
Columbus OH 43215

Columbus Radiology Corp
PO Box 713999
Cincinnati OH 45271

Commercial Collectors Inc
PO Box 337
Montrose MN 55363

Community Hospitalists LLC
PO Box 72233
Cleveland OH 44192

Corporate Collection Services
PO Box 1500
Henrietta NY 14467

Cox Law Office LLC
4930 Reed Rd #220
Columbus OH 43220

Cracker Barrel 121
c/o Certergy Payment Recovery Services
11601 Roosevelt Blvd
Saint Petersburg FL 33716

Credit Control LLC
5757 Phantom Drive Ste 330
Hazelwood MO 63042

Credit Management Inc
4200 International Parkway
Carrollton TX 75007-1906

Credit Protection Association LP
13355 Noel Road
Dallas TX 75240

Credit Solutions LLC
2277 Thunderstick Dr #400
Lexington KY 40505-9002

Crestwood Mgmt LLC
PO Box 22630
Beachwood OH 44122

Cristy's Pizza
c/o CheckCare
1925 E Dublin Granville Rd #103
Columbus OH 43229

Culligan of Central Ohio
8260 Howe Industrial Pkwy Ste H
Canal Winchester OH 43110

D Scott Carruthers
Attorneys at Law
8448 Katella Ave #100
Stanton CA 90680

Defender Direct
6100 N Keystone Ave #654
Indianapolis IN 46220

DHL Express Inc
1210 S Pine Island Rd 4th Fl
Fort Lauderdale FL 33324

Direct TV
Customer Service
PO Box 6550
Greenwood Village CO 80155-6550

Diversified Credit Service Inc
PO Box 21726
Cleveland OH 44121

Donald A Cox Esq
605 N High St #305
Columbus OH 43215

EMP of Lancaster Ltd
100 S Owasso Blvd West
Saint Paul MN 55117

Enhanced Recovery Company LLC
Correspondence
PO Box 57610
Jacksonville FL 32241

EOS CCA
Correspondence
PO Box 439
Norwell MA 02061-0439

ERC
PO Box 23870
Jacksonville FL 32241-3870

Escallate LLC
5200 Stoneham Rd #200
Canton OH 44720

ETAT Enterprises, LLC
125 W Wheeling St
Lancaster OH 43130

Fairfield County Treasurer
210 E Main St Room 206
Lancaster OH 43130

Fairfield Emergency Physicians
2950 Robertson Ave #200
Cincinnati OH 45209

Fairfield Federal Savings & Loan
Association of Lancaster
Attn: Chief Financial Officer
111 E Main St
Lancaster OH 43130

Fairfield HC Professionals
1153 East Main St
PO Box 2563
Lancaster OH 43130

Fairfield Medical Center
1149 E Main St
Lancaster OH 43130

Federal Express
PO Box 1140
Memphis TN 38101-1140

Fifth Third Bank
Customer Service
38 Fountain Square Plaza
Cincinnati OH 45263

First Data Merchant Services
PO Box 1738545
Denver CO 80217

First Medical Urgent & Family Care
1201 River Valley Blvd
Lancaster OH 43130

First Premier Bank
Customer Service
PO Box 5524
Sioux Falls SD 57117-5524

Firstsource Advantage LLC
205 Bryant Woods S
Amherst NY 14228

FMS Inc
4915 S Union Ave
Tulsa OK 74107

Focus Receivables Management
1130 Northchase Pkwy #150
Marietta GA 30067-6420

Franklin Collection Service Inc
PO Box 3910
Tupelo MS 38803-3910

Fred Fioto
66410 Bethel Rd
New Plymouth OH 45654

G Brian Boltz Esq
109 E Main St #105
Lancaster OH 43130

GE Money Bank
PO Box 981438
El Paso TX 79998

Gene's Sign Co
310 N Broad St
PO Box 83
Bremen OH 43107

General Revenue Corporation
11501 Northlake Dr
Cincinnati OH 45249-1643

General Surgical Associates
618 Pleasantville Rd #301
Lancaster OH 43130-3373

Glenn Burns DDS
Jennifer Lape DDS
208 N Columbus St
Lancaster OH 43130

Haines Publishing
PO Box 2117
Canton OH 44720

Harold E. Scherr
1064 Greenwood Blvd 328
Lake Mary FL 32746

Heimberger Office Machines
664 E Main st
Lancaster OH 43130

Hillcrest Davidson & Associates
850 N Dorothy Dr #512
Richardson TX 75081

Hohmann, Boukis & Curtis CO., L.P.A.
1370 Ontario St #520
Cleveland OH 44113-1701

HP Products Corporation
4220 Saguaro Trl
Indianapolis IN 46268

HSBC Card Services
Customer Service
PO Box 80084
Salinas CA 93912-0084

HSBC Retail Services
PO Box 15521
Wilmington DE 19850-5521

Huntington National Bank
2361 Morse Road
Columbus OH 43229

IC System Inc
444 Highway 96 East
PO Box 64378
Saint Paul MN 55164-0378

Imperial Commercial
397 N Litchfield Rd #113
Goodyear AZ 85338

Integrity Financial Partners Inc
4370 W 109th St #100
Overland Park KS 66211

Integrity Solution Services Inc
20 Corporate Hills Dr
Saint Charles MO 63301

Internal Revenue Service
PO Box 7346
Philadelphia PA 19101-7346

James Gobel
613 Madison Ave
Lancaster OH 43130

JC Christensen & Associates Inc
PO Box 519
Sauk Rapids MN 56379-0519

JL Russell & Associates Ltd
13700 State Rd #4
North Royalton OH 44133

Jon Clark & Associates
PO Box 1405
Lancaster OH 43130

JP Recovery Services Inc
PO Box 1022
Wixom MI 48393-1022

JPMorgan Chase Bank
PO Box 659754
San Antonio TX 78265-9754

Keith D Weiner & Associates
75 Public Square 4th Floor
Cleveland OH 44113

Kroger Check Recovery Center
PO Box 30650
Salt Lake City UT 84130

Lancaster City Income Tax
104 E Main St 3rd Fl
Lancaster OH 43130

Lancaster Eagle Gazette
138 W Chestnut St
Lancaster OH 43130

Lancaster Utilities
104 East Main Street
PO Box 1099
Lancaster OH 43130

Lancaster's 90.9FM
201 S Broad St
Studio 301
Lancaster OH 43130

Law Offices of Mitchell N Kay PC
PO Box 9006
Smithtown NY 11787-9006

Leading Edge Recovery Solutions LLC
5440 N Cumberland Ave #300
Chicago IL 60656-1490

Levy & Associates
4645 Executive Drive
Columbus OH 43220

Lowes / Synchrony Bank
Attn Bankruptcy Dept
PO Box 965060
Orlando FL 32896-5060

LP Investments
PO Box 1987
Colleyville TX 76034

LVNV Funding
Universal Fidelity LP
PO Box 10497
Greenville SC 29603

Macy's Visa
Bankruptcy Processing
PO Box 8053
Mason OH 45040

Magnetic Springs Water Co
1917 Joyce Ave
PO Box 182076
Columbus OH 43219

Meade & Associates Inc
737 Enterprise Drive
Westerville OH 43081

Media Network of Central Ohio
PO Box 677302
Dallas TX 75267

Mercantile Adjustment Bureau Inc.
PO Box 9016
Buffalo NY 14231-9016

Mercantile Adjustment Bureau, LLC
165 Lawrence Bell Drive 100
Williamsville NY 14221-7900

Midland Credit Management Inc
2365 Northside Dr #300
San Diego CA 92108

Midland Funding LLC
8875 Aero Dr
San Diego CA 92123

Minuteman Press
135 N Columbus St
Lancaster OH 43130

Mobilex USA
PO Box 17452
Baltimore MD 21297-1452

MRS Associates
1930 Olney Ave
Cherry Hill NJ 08003

National Credit Adjusters
327 W 4th St
Hutchinson KS 67504-3023

Nationwide Credit Inc
4700 Vestal Pkwy E
Vestal NY 13850-3770

Nationwide Credit, Inc
PO Box 26314
Lehigh Valley PA 18002

Nationwide Insurance Company
One Nationwide Plaza
Columbus OH 43215

NCO Financial Systems
507 Prudential Road
Horsham PA 19044

Newspaper Network of Central Ohio
PO Box 713201
Columbus OH 43271-3201

Northland Group
PO Box 390905
Minneapolis MN 55439

Ocean Equity Payment Solutions
295 Bendix Rd 320
Virginia Beach VA 23452-1382

Ohio Attorney General's Office
Revenue Recovery/Collections Enforcement
150 E Gay St 21st Fl
Columbus OH 43215

Ohio Bureau of Motor Vehicles
Attn: Financial Responsibility Section
PO Box 16520
Columbus OH 43216-6520

Ohio Bureau of Workers Compensation
Policy No. 1616246
Attn: Law Section Bankruptcy Unit
PO Box 15567
Columbus OH 43215-0567

Ohio Bureau of Workers Compensation
Attorney General of Ohio
Collections Enforcement Section
150 East Gay St 21st Fl
Columbus OH 43215

Ohio Department of Taxation
Attn: Bankruptcy Division
PO Box 530
Columbus OH 43216

Ohio Department of Taxation
c/o Attorney General of Ohio
Collections Enforcement Section
150 East Gay Street 21st Fl
Columbus OH 43215

Ohio Neighborhood Finance
845 N Memorial Dr
Lancaster OH 43130

Ohio Plumbing Plus
323 N Maple St
Lancaster OH 43130

Ohio School District Income Tax
30 East Broad Street 29th Floor
Columbus OH 43215-3414

OSU Physicians
PO Box 740727
Cincinnati OH 45274-0727

P&B Capital Group LLC
461 Ellicott St 3rd Fl
Buffalo NY 14203

Paychex of New York LLC
5450 Frantz Rd #100
Dublin OH 43016

PayPal Credit / Synchrony Bank
Attn Bankruptcy Dept
PO Box 965060
Orlando FL 32896-5060

Personnel Concepts
PO Box 5750
Carol Stream IL 60197-5750

Physicians Care Inc
PO Box 748
Lancaster OH 43130

Pinnacle Financial Group Inc
7825 Washington Ave S #410
Minneapolis MN 55439-2409

Plaza Associates
370 Seventh Avenue
New York NY 10001

Prince Parker & Associates
PO Box 474690
Charlotte NC 28247

Prince-Parker & Associates Inc
6625 Crown Crescent Court
PO Box 474690
Charlotte NC 28247-4690

Professional Debt Mediation Inc
PO Box 550-0979
Jacksonville FL 32255

Professional Debt Meditation, Inc.
PO Box 550-0979
Jacksonville FL 32255-0979

Rauch-Milliken International Inc
PO Box 8390
Metairie LA 70011

RBC
283 Glessner Ave
PO Box 1548
Mansfield OH 44901-1548

RCL Finance Inc
7001 Post Rd #300
Dublin OH 43016

Receivable Management Services
4836 Brecksville Rd
PO Box 523
Richfield OH 44286

Receivables Performance Management
20816 44th Ave W
Lynnwood WA 98036

Reference Laboratory Services
PO Box 1076
Lancaster OH 43130

Regent Asset Management Solutions
7290 Samuel Dr #300
Denver CO 80221

Reliant Capital Solutions LLC
750 Cross Pointe Road Suite G
Columbus OH 43230-6692

Resurgent Capital Services
PO Box 10587
Greenville SC 29603-0587

Revenue Group
4780 Hinckley Industrial Pkwy #200
Cleveland OH 44109

Revenue Recovery Corp
6207 Summer Ave
PO Box 341308
Memphis TN 38184-1308

Risch Home Health Care Inc
622 W Fair Ave
Lancaster OH 43130

Riverwalk Holdings Ltd
c/o Velocity Investments LLC
1800 Route 34N #404A
Belmar NJ 07719

RJ Schinner
4001 Gantz Rd Ste E
Grove City OH 43123

RJ Schinner - Menomonee Falls
N89 W14700 Patrila Dr
Menomonee Falls WI 53051

Rose Products and Services
PO Box 871065
Kansas City MO 64187-1065

Rossman & Co
PO Box 2051
New Albany OH 43054

Royal Publishing
7620 N Harker Dr
Peoria IL 61615-1849

Sears / Synchrony Bank
Bankruptcy Dept
PO Box 965061
Orlando FL 32896

Sentry Credit Inc
2809 Grand Ave
Everett WA 98201

Simm Associates Inc
800 Pencader Dr
Newark DE 19702

Sirius XM Radio Inc.
PO Box 33174
Detroit MI 48232

SKO Brenner American
40 Daniel St
Farmingdale NY 11735

Slater, Tenaglia, Fritz & Hunt, P.A.
PO Box 8500
Philadelphia PA 19178-2431

Slaters Inc
1141 N Memorial Dr
PO Box 489
Lancaster OH 43130

Source Receivables Management
4615 Dundas Dr #102
Greensboro NC 27407

Southwest Credit
4120 International Pkwy #1100
Carrollton TX 75007

Stern Recovery Services Inc
415 N Edgeworth St #210
Greensboro NC 27401

Sunrise Credit Services Inc
PO Box 9100
Farmingdale NY 11735-9100

Synter Resource Group LLC
5935 Rivers Ave #102
North Charleston SC 29406

Sysco Cincinnati LLC
PO Box 6066
Cincinnati OH 45262-0066

Tate & Kirlin Associates
2810 Southampton Rd
Philadelphia PA 19154

TeleCheck Services Inc
PO Box 60028
City of Industry CA 91716-0028

Telecheck Services, Inc
PO Box 1099
Englewood CO 80150-1099

The CBE Group Inc
131 Tower Park #100
PO Box 2635
Waterloo IA 50704-2635

The Lutheran Journal
PO Box 28158
Saint Paul MN 55128

The Sign Company
3810 Columbus Lancaster Rd NW
Carroll OH 43112

Tho Do LLC
c/o TRS Recovery Services Inc
5251 Westheimer
Houston TX 77056

Thomas & Thomas
2323 Park Avenue
Cincinnati OH 45206-2711

Time Warner Cable
1015 Olentangy River Rd
Columbus OH 43212-3148

Transworld Systems Inc
507 Prudential Rd
Horsham PA 19044

Uline
2200 S Lakeside Dr
Waukegan IL 60085

United Collection Bureau
PO Box 165009
Columbus OH 43216-5009

United Collection Bureau Inc
5620 Southwyck Blvd #206
Toledo OH 43614

United Recovery Systems
5800 North Course Dr
Houston TX 77072

United States Postal Service
475 L'Enfant Plaza SW RM 4012
Washington DC 20060

UPS
55 Glenlake Pkwy NE
Atlanta GA 30328

US Attorney
303 Marconi Blvd #200
Columbus OH 43215

US Attorney General
Main Justice Building Room 5111
10th & Constitution Avenue NW
Washington DC 20530

US Bank
Customer Service
PO Box 2188
Oshkosh WI 54903-2188

Velocity Investments LLC
1800 Route 34 N Ste 404A
Wall NJ 07719

Wells Fargo
c/o Rushmore Loan Management Services
Attn: Chief Financial Officer
PO Box 55004
Irvine CA 92619

Wells Fargo
Correspondence
PO Box 10335
Des Moines IA 50306

Weltman Weinberg & Reis Co LPA
PO Box 93596
Cleveland OH 44101-5596

Weltman Weinberg & Reis Co LPA
3705 Marlane Dr
Grove City OH 43123

Weltman Weinberg & Reis Co LPA
323 West Lakeside Ave #200
Cleveland OH 44113-1099

West Asset Management
7171 Mercy Rd #100
Omaha NE 68105-2535

Wolkin Law Group
235 W Giaconda Way #217
Tucson AZ 85704

Fill in this information to identify your case:

Debtor 1 Garland E. Consoliver

Debtor 2 Elizabeth Ann Consoliver
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 59.58
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 0.00	+ \$ 59.58 = \$ 59.58
		Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ 59.58

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

	\$	
	\$	
	+\$	
Total	\$ 0.00	Copy here=> - 0.00

14. **Your current monthly income.** Subtract line 13 from line 12. \$ 59.58

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> \$ 59.58

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. \$ 714.96

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

- 16a. Fill in the state in which you live. OH
- 16b. Fill in the number of people in your household. 2
- 16c. Fill in the median family income for your state and size of household. \$ 55,771.00
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 59.58

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 0.00

19b. Subtract line 19a from line 18.

\$ 59.58

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b \$ 59.58

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 714.96

20c. Copy the median family income for your state and size of household from line 16c \$ 55,771.00

21. How do the lines compare?

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Garland E. Consoliver

Garland E. Consoliver
Signature of Debtor 1

Date April 28, 2016
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

X /s/ Elizabeth Ann Consoliver

Elizabeth Ann Consoliver
Signature of Debtor 2

Date April 28, 2016
MM / DD / YYYY

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2015 to 03/31/2016.

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: Family Assistance (begins 5/2016)

Income by Month:

6 Months Ago:	10/2015	\$0.00
5 Months Ago:	11/2015	\$0.00
4 Months Ago:	12/2015	\$0.00
3 Months Ago:	01/2016	\$0.00
2 Months Ago:	02/2016	\$0.00
Last Month:	03/2016	\$0.00
Average per month:		\$0.00

Debtor 1 Garland E. Consoliver
Debtor 2 Elizabeth Ann Consoliver

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 10/01/2015 to 03/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: A Plus Home Health Care Agency

Income by Month:

6 Months Ago:	10/2015	\$0.00
5 Months Ago:	11/2015	\$0.00
4 Months Ago:	12/2015	\$0.00
3 Months Ago:	01/2016	\$0.00
2 Months Ago:	02/2016	\$0.00
Last Month:	03/2016	\$357.50
Average per month:		\$59.58

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their debts
and who are willing to allow their nonexempt
property to be used to pay their creditors. The
primary purpose of filing under chapter 7 is to have
your debts discharged. The bankruptcy discharge
relieves you after bankruptcy from having to pay
many of your pre-bankruptcy debts. Exceptions exist
for particular debts, and liens on property may still
be enforced after discharge. For example, a creditor
may have the right to foreclose a home mortgage or
repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your
discharge.

You should know that even if you file chapter 7 and
you receive a discharge, some debts are not
discharged under the law. Therefore, you may still
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.